N.B.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St; Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and pumber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH Steby 7 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 6 hours - 1 t LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
SOCCUPATION (a) Frade, profession, or particular kind of work	birth and lack of vitality. mother suffermy with pulmonary and languaged tuber (Duration) yrs. mos. os.
9 BIRTHPLACE (State or country) Prince Gevs Clo Med. 10 NAME OF FATHER Gabriel Brown 11 BIRTHPLACE	(Signed) St. Sle. Dufver M. D. All & M. D. (Signed) 1914 (Address) Mitchellvillo. Med.
OF MOTHER Tirgie Matilda Diggs	*State the DISEASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Survey Daggs	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or
(Address) Mitchellville 16 Filed Field 8 in 1914 & Silbarrian & Reg.	19 PLACE OF BURIAL OR REMOVAL Jo be buried in fravale ground on Ima Belto place Jeby 8th, 1914. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	Members of family Mitchellolle, M.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal memingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinlossis of lungs, meninges, periionaeum, etc.. Carcinlossis

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples:



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PLACE OF DEATH County Prince Georges Village or City Mitchellville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 236 St.; Ward) St.; Ward) Brown St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Colored Single, MARRIED, Married Wisowes, Married (Write the word)	16 DATE OF DEATH HEby 1914 (Atonth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Heby 3 th , 1914, to Heby 5 th , 1914.
Heby 13, 1896 (Month) (Day) (Year)	that I last saw her alive on Febra 8th 1914
18 11 LESS than 1 day,	and that death occurred on the date stated above, at 12.40 a.m. The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Frade, profession, or perticular kind of work (b) General nature of Industry, business, or establishment in	of the lungs and laryoux. (Duration) One yrs mos ds.
Which employed (or employer) BIRTHPLACE (State or country) On anylogical	(Secondary) Confissement, giving birth
10 NAME OF FATHER Alexander Diggs 11 BIRTHPLACE OFFATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Deration) yrs mes ds. (Signed) (Signe

OR RECENT RESIDENTS)	to the		
of death yrs mos ds.	State	yrs,	mos de
Where wes disease contracted.			
If oot at place of death?		************	
Former or usual residence		**************************************	1000000000000000000000000 000000000000

20 UNDERTAKER

ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). Who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-"Exhaustion,"



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occorred toWard) a hospital or institution. give its NAME Instead of street and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death _____ yrs. mos. State _____ yrs, ____ mos. _ ds. Where was diseasa contracted. it not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 D., 191.44 20 UNDERTAKER ADDRESS Ladeus here REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion," For VIO



PHYSICIANS should state Very properly classified. Exact statement of OCCUPATION is RECORD A PERMANENT should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE N. B.—Every Item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate.

County Pulls. Village or City Chapel House hars	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29 4 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, windsteen or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Aug. h 1913. (Month) (Day (Year)	that I last saw h alive on , 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 6m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manualand	(Quration) yrs & mos ds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Incury land 12 MAIDEN NAME OF MOTHER Cathains Warrich 13 BIRTHPLACE	(Signed) Casal A. Hourt , M. D. Helt. M. 1914 (Address) Publications and *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country) May land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Galutt (Address) Hr. Washington Ind.	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Chaful Hill. Lile., 1914.
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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnauition," "Marasgenital," "Senile," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc.), "Dropsy," "Exhaustion." Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.

RECORD

Village or City Silver Hullon	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 23 [if death occurred I a hospital or institution give its NAME instead of street and number.]
*FULL NAME WWW.	N COL
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FSEX 4 COLOR OR RACE MARRIED, Webwerd, Webwerd (Write the word)	(Month) (Day) (Year)
Month) (Day) (Year)	Febr 9/2, 1914 to Febra 10, 1914 that I last saw h & M. allve on 3 ch 9/2 1914
TAGE If LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4 9 m The GAUSE OF DEATH* was as follows: Labore (Chief Griff)
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Post Porture Skrope (Secondary) 2 home
10 NAME OF J. J. S. C.L. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Ray Caddress) Running M. D. State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Informant) Campbell	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Here till md. Filed Febru 10, 1914 family Registran	29 UNDERTAKER 29 UNDERTAKER 20 UNDERTAKER APPRESS OUGEN 61
If more blanks are needed, address State Registrar	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sensis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pumpenal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of The contributory (secondary or intercurrent) (name origin; "Can-State cause for Examples:



BINDING FOR RESERVED MARGIN

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PHYSICIANS should of OCCURATION IS RECORD statement PERMANENT properly classified. 4 pe 2 pinous THIS INK supplied. pe UNFADING may be carefully s, so that it WITH In plain terms, uctions on back should PLAINLY Information of Inform DEATH WRITE Every item CAUSE OF important. S

certificate.

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Instructions

state Very

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX SSINGLE, 4 COLOR OR RACE MARRIEO. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH 23 (Day (Year) (Month) TAGE It LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 15 Local REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

..Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

Feb 9	7	1914
(Month)	(Day	(Year)
BY CERTIFY, T	hat I attende	d deceased from
1914 to 7	Feb 9	1914.
		2 1/
alive on		
d on the date st	ated above,	at 9 P m.
71	4 - 0	al a
	1 - W	- Cenc
(Duration)	Vrs.	mos ds.
(• • • • • • • • • • • • • • • • • • •	,	
************		0 0 0 7 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Duration)yrs	ds.
	1177	la
	0	, M. U.
. (Address)	Taurel	ner
CAUSING DEATI	I, or, in deat	ths from VIOLENT
ENCE FOR HOSPI	TALS, INSTITU	TIONS, TRANSIENTS.
s)		
	(Month) BY CERTIFY, T , 191 4, to	BY CERTIFY, That I attended, 1914, to the second of the date stated above, at was as follows: (Duration) yrs (Duration) yrs (Address) Laurel (Address) Laurel (Address) Laurel (CAUSING DEATH, or, in deatens of Injury; and (2) micidal.

OR REC	H OF RE		(FOR He	SPITALS.	INSTITUTIO	NS, TRANS	IENTS
Af place				In the			
of dooth	MED	man	do	Ctoto	Maria		

Where was disease contracted,

If not at place of death?

Former or usual residence

OR REMOVAL

PATE OF BURIAL

20 UND

APDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutcred as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection ueed not be stated unless important. thre of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



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Filed.

should OCCUPATION RECORD PERMANENT S pe UNFADING certificate. 0 back 60 ATH in plain instructions 0 0 FO mportant. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVOROED (Write the word) I HEREBY CERTIFY. That I attended deceased from that I last saw h alive on _____ (Day (Year) (Month) TAGE It LESS than and that death occurred on the date stated above, at.... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPHACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. State Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

thos

REGISTRAR

20 UNDERTAKER

DATE OF BURIAL

Ilf death occurred le a hospital or institution,

(Year)

give its NAME instead of street and comber.]

(Day

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite synonym same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesia of lungs, meninges, perifonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the genitai," mere symptoms or terminal conditions, such as "Asample: Mcaslcs (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Dehillty" ("Con-Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City New Hall (No. Many 2 FULL NAME Catherine Colon	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Single, Married, Widowed (Write the word)	16 DATE OF DEATH 2 / 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1913, to 4 2 , 1914, That I last saw here alive on 2 2 0 , 1914
TAGE About 82 yrs mos ds OR min.? Cocupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	and that death occurred on the date stated above, at 1, a, m, The CAUSE OF DEATH* was as follows: Churce Custonitate (Duration) / yrs. mos. ds.
**BIRTHPLACE (State or country) Marylan d	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Luhnour	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
(Informant) Laure To THE BEST OF MY KNOWLEDGE, (Address) Laure Denture (Address) Laure Denture	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jebr , 191 R Ems Shuth	Leeland And Oeb 22, 1914 20 UNDERTAKER AN Chavey ofors Hall, Ind
If more blanks are needed, address State Regist	rar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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proper supplied, terms, P plain ō 0 OF

m

STATE OF MARYLAND 1 PLACE OF DEATH id state CERTIFICATE OF DEATH County Registration Dist. No. OCCUPATION Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? um oulin 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) of back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ... Where was disease contracted. 14 THE ABOVE If not at place of death? Former or usual residence. mportant. ы 19 PLACE OF BURIAL OR REMOVAL CAUSI Vashinghn 15 20 UNDERTAKER ADDRESS REGISTRAR Elexander If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig-"Contributory." (Recommendations on statement of LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustiou," State cause for Never report



V. S. No. 1.

RECORD PHYSICIANS TO	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF Dislant terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH 1818 County Prince Georges Village or City Berury, (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
*FULL NAME FIRANCES ME CU	of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	(Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH	17 I BEREST GERIFT, Inat I attended deceased from
(Routh) (Day) (Year)	that I last saw h alive on Several week apr 191
⁷ AGE If LESS than	and that death occurred on the date stated above, at
90 yrs 6 mos, 1 ds, 02 mlo.?	The CAUSE OF DEATH* was as follows: Matural Causes. Deceased did
(a) Trade, prefession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Parad away Guster mos. ds.
Saltener Mc	(Secondary)
11 BIRTHPLACE OF FATHER (State or country)	(Signed) (D'Alless Lauffeld) , M. D. Stale 25, 1314 (Address) Borness, M.d. *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER LLA REALIZA	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place to the of death yrs mos ds.
informant) Res 19 8 Baffers	Where was disease contracted, If oot at place of death? Former or usual residence
(Address) Serus for Med Filed Heb 26", 1914 Gras, Severs	Daltmore Md. Jet. 964, 1914. 20 UNDERTAKER & ADDRESS
If more blanks are needed, address State Registran	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for malig (Recommendations on statement of __ (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Chellerchone (No.	Registered No. 24.0
* FULL NAME Henry Dorse	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Black Single, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD	16 DATE OF DEATH Tuby (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH Sufat (Month) (Day) (Year)	that I last saw him alive on Tuby 26, 1914.
75 yrs. 5 mos. 22 ds. If LESS than f day,hrs. ormin.?	and that death occurred on the date stated above, at 1030 0 m, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Doration) yrs. mos. 65.
which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary) (Duration) yrs mos ds
10 NAME OF Edward Dorsey 11 BIRTHPLACE	(Signed). W. The Character M. D. Theby 29, 1914 (Address) Crown mix
Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
Informant) Dy less Supt	If not at place of death? Former or usual residence
Filed Febry 27, 1914 William & Squirs,	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Scruce of Refor Cernetry 20 UNDERTAKER ADDRESS Character ADDRESS
If more blanks are needed, address State Registrate	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers naterial worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, lrrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the Dislabse CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of Injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. chiidblrth or miscarrlage, as "Purrreral septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis cer" is iess definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchonneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resuiting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



UNFADING INK-THIS IS

AGE

Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.

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WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

RECORD

PERMANENT stated EXACTLY.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred to a hospitat or institution, give its NAME instead of street and number.]

2FULL NAME TUST	V PRU
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH OCT 28 19/4	# 5 , 1914, to 7 4 , 1914 that I last saw h 2 alive on 7 5 6 , 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at # a m The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) Generat nature of Industry, business, or establishment in which amployed (or employer)	(Duratioo)
9 BIRTHPLACE (State or country) Japelaul Mul	Contributory Secondary Duration Our Market Contributory Our Market C
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANN OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant). O dele many	Former or usual residence

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franksh St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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(a) Trada, profession, or

particular kind of work...

9 BIRTHPLACE

(b) General nature of industry. business, or establishment in

(State or country)

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(leformant)

OF MOTHER

10 NAME OF FATHER

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PLACE OF DEATH 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than 1 day,....hrs. OR min. ? 8 OCCUPATION

which employed (or employer)

STATE OF MARYLAND CERTIFICATE OF DEATH

St .:

Registration Dist. No. 2

[If death occurred la .Ward) a hospital or institution. give its NAME Instead of street and numbar.]

MEDICAL	CERTIFICATE C	OF DEATH	
16 DATE OF DEATH	2	18	, 1914
-	(Month)	(Day	(Year)
170 / I HEREB	Y CERTIFY, That	I attended de	ecessed from
Jeby 14	914, to Ja	lung 1	8 1914
that I last saw hely si		. /	
The same of the sa	11 V V II be		
and that death occurred	on the date state	d above, at	m
The CAUSE OF DEATH *	was as follows:		
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(Signed) of MUC	Dan	estin	7 N B
11/11/16	1	x 1 17/1	Com.
/W/17, 1914	(Address)	W JUCK	(1)1010

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-T.L. SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HI	SPITALS, INE	TITUTIONS	TRANSIENT
At place	in the		
of death yrs mos ds.	State	yrs	mos
Where was disease contracted,			

Former or

usual residence BURIAL OR

REMOVAL 20 UNDERTAKER

DATE OF BURIAL

ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Instructions

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred la -Ward) a hospital or lostitution. give its NAME lostead of street and comber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 STROLES WIDOWED. Nonth) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH MEO (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day,.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry. business, or establishment in (Ouration) which employed (or employer) Secondary 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State Where was disease contracted. THE ABOVE IS TRUE TO THE KNOWLEDGE If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) --15 20 UNDERTAKE ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

...Ward)

[If death occurred in a hospital or lostitution, giva its NAME Instead ot street and comber.]

PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH-	
10	4 COLOR OR RACE	MARRIED, WIDOWED, ORDIVORCED (Write the Wo	arrica	18 DATE OF DEATH TO Onth) (Day	, 1914 (Year)
OF BIRT	Lin	knawy	ra)	Jon 29" 1914 to July 14"	, 191.4
	(Month)	(Day	(Year)	that I faat aaw ham alive on July 14	191
	1		If LESS than	and that death occurred on the date stated above, at 2	TO A'm

BOCCUPATION (a) Trada, profession, or particular kind of work. (b) Ganeral nature of Industry,

OR.

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business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) 10 NAME OF

FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO

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REGISTRAR

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ĺ	OR RECENT RESIDENCE (FOR M.	OSPITALS, ING	TITUTIONS	TRANSIENT	
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Former or usual rasidence

Contributary

Secondary

(Signed)

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ADDRESS

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head Never report



BINDING ESERVE ARGIN

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SICIANS should OCCUPATION IS PHYSICIANS RECORD statement RMANENT classified. should pe may that 80 50 back terms, plain instructions = of Inform DEATH WRITE OF Every Item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or lostitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SSINGLE, single
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WIDOWED. 4 COLOR OR RACE DATE OF DEATH (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH . 191 to. that I last saw h allys on ... (Month (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Doration) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death . _____ yrs, ____ mos, __ State _____ yrs.___ ... 20th ... Where was disease contracted. if not at place of death? Former or usual residence. RAMOVAL 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of.......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (Recommendations on statement of (secondary or intercurrent)



7. B. No. 1.

N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Brentwood (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 8 [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Jeruale Jerlie Single, MARRIEO, Married Widoweo, ORDIVERCED (Write the word) 6 DATE OF BIRTH April 28 (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17
SOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment lo which omployed (or employor) BIRTHPLACE (State or country) Iruland	and that death occurred on the date stated above, at 10,200 m, The GAUSE OF DEATH * was as follows: (Duration) (Duration) (Secondary) (Secondary) (Duration) (Secondary) (Secondary)
11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER (State or country) Wushnown 13 BIRTHPLACE OF MOTHER (State or country) Wushnown	(Signed)
(Informant) John Hogan (Address) Bruling Della July (Address) 15 Filed Feb 8" 1914 J.C. Ohlender Jungs, REGISTRAR If more blanks are needed, address State Begistran	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS Fullians Ruley ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carein-

etc., when a definite disease can be ascertained as the injury, as fracture of skuli, and consequences (e. g., childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "A part failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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Village or City Man Giffrett (No.

STATE OF MARYLAND CERFIFICATE OF DEATH

Registration Dist. No. 234

.St.;.....Ward)

[It death occurred in a hospitat or institution, give its NAME instead of street and number.]

FULL NAME Junks	ns (Still born) of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gernale While Single, widden, widden, or Divorced (Write the word)	16 DATE OF DEATH J. J. 191 Log. (Month) (Day (Year)
6 DATE OF BIRTH Yel. (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Managland	(Duration)
10 NAME OF FATHER Thomas S, Junkins 11 BIRTHPLACE OF FATHER (State or country) manyland 12 MAIDEN NAME OF THE OF	(Signed) Cagas De Hourt , M. D. (Signed) Cagas De Hourt , M. D. (Signed) Causing Death, or. In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Camella Smith 13 BIRTHPLACE OF MOTHER (State or country) Inaugland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Gulandas S. Jembins	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or
(Address) Gifshett Ind. 16 Filed Fels 8, 1914 Edgan all Hought In D	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Price day 20 UNDERTAKER ADDRESS 41/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1

If more blanks are needed, address State Registrar, 6 E. Franklin Sty Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomns," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras thre of the American Medical Association.) is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhanstlon,"



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PHYSICIANS should state of OCCUPATION Is very RECORD Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT important.

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PLACE OF DEATH 1828 Village or City Milehehulle

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 256

St ;.....Ward)

[it death occurred in a hospital or institution, give its NAME instead

2 FULL NAME Frank Johnson	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	, MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Male Colored Single, Married, Widowed, ORDIVERCED (Write the word)	16 DATE OF DEATH Ach / 7th , 1914. (Month) (Day) (Year)
© DATE OF BIRTH Comparison of the World Comparison of the World	that I last saw h allve on 191 and that death occurred on the date stated above, at 2,55 mm,
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) Maryland 10 NAME OF FATHER WARNING STATHER TO NAME OF FATHER Thank Johnson	The CAUSE OF DEATH* was as follows: Strong, fatural causes Strong by A hard seld. (Buration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) 6.5, lanuar, co. — , m. 191. (Address)
(State or country) Mary land (State or country) Mary land 12 Maiden Name OF MOTHER Jaisz Colizabeth Chiffin 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. *JELENGTH OF RESIDENCE (FOR HOAPITALA. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTAL) At place In the of death
14 THE ABOVE IS TRUE TO THE BOST OF MY KNOWLEDGE (Informant) Directly Jeluson (Address) Directly Lelville	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BUBIAL OR REMOVAL Carrol Chasel Fight 19 to 101.44
Filed Heb- 19th 1914 E.S. Carrian	20 UNDERTAKER ADDRESS Miltilaille.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. "State cause for cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Pureperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJU which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can and qualify as Examples:



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PHYSICIANS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIOOWED, / (Month) (Day OROIVORGEO HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH * was as lollows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ___ Where was disease contracted. If not at place of death?... Former or usual residence. 20 NDERTA ADDRESS REGISTRAR If more blanks are needed, address State Registrat, & E. Hyanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of State cause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIEO, married WIDOWED. (Year) (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) ran. (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) Pistalawa OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. (State or country) State yrs. _ Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

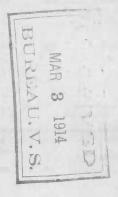
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; it should be used only when needed. As examples: cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekecpers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cauample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. childbirth or miscarriage as "Puerperal septichaethenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Pebility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," State cause for Never report



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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.:...Ward)

[it death occurred lo a hospital or Institution, give its NAME lostead

NAME Charles albert	67 street and nomber.
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WISOWED, OROTYORCED (Write the word)	16 DATE OF DEATH (Month (Day) (Year)
(Month) (Day) (Year)	that I last saw h. A.A. alive on
If LESS than	and that death occurred on the date stated above, at 440 Pm.
46 yrs. 10 mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
or clark	neflution
Industry, hment lu nployer)	alruf (Duration) 2 yrs. mos. ds.
Washington, we	(Secondary) Endocarditis (Duration)
Francis Ming	(Signed) Walle Confetty, N. D.
CE CHRY) Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
Inseplence S. Columba	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
ce cr intry) VG	At place In the of death yrs mos ds. State yrs mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at place of death?
Hashington NC,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- th- 1 (1.1 × 1 · +1	Washington D.C. Feb 17, 1914
REGISTRAR	Fr Gasch Bladens burg Md
If more blanks are needed, address State Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichac cause. Always qualify all diseases resulting from sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as -Kart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ... (name origin; "Can etc. State cause for For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in ..Ward) a hospital or Institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED, (Month) (Dav (Write the word) I HEBEBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Month ! (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the (State or country) ot death yrs. mos. ... State _____ yrs, ____ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST (OF If not at place of death? BURIAL OR REMOVAL 15 ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

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scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1914
BUREAU. V.S.

PERMANENT EXACTLY. Exact stated V pe should THIS AGE INK supplied. O may UNFADIN carefully pe should of Information si DEATH in plain See instructions PLAINL

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RECORD

1 PLACE OF DEATH (No. ausers ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWED, (Write the word) 8 DATE OF BIRTH nou (Month) (Day) 7 AGE BOCCUPATION (a) Trade, profession, or armo particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS KNOWLEDGE (Informant)-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 243

St.;....Ward)

(If death occurred in a hospital or institution, give its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Taly (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
^
that I last saw humally on Jan 12 1914
that I last saw h allve on
and that death occurred on the date stated above, at 1030 m.
The CAUSE OF DEATH * was as follows:
myocarailes
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(Ouration) yrs. mos. ds.
(Secondary)
(Signed) Los Latino, M. D.
July (Address) + galloulle
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR MOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Washington DC Feb 6 ,1914
20 UNDERTAKER ADDRESS 10 0

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No. i Item

OF Important.

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(Address)

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

It LESS than

t day,hrs.

OR min. ?

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers minc, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salesman, (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purrperal scottchae nant neoplasms); Measles; Whooping cough; Chromic oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Keart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convuisions," "Debility" ("Conis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can death), 29 Examples: cause for For vio-



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RECORD

PLACE OF DEATH 1834
County Since Heorge
Village or City ammendals (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME William Baufma	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ale White Single, windower, ordivercet (Write the word)	18 DATE OF DEATH February 16, 1914 (Month) (Day (Year)
6 D	ATE OF BIRTH JEbruary 22 , 1854 (Month) (Day (Year)	that I lest saw home alive on February 15 v One 1914
7 A		and that death occurred on the date atted above, at 7.35 p. m The CAUSE OF DEATH* was as follows: Chronic Brights Desease
(a) pa (b) bus whi	Trade, profession, or ricular kind of work. General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (Status requestry)	(Duration) / yrs. 6 mos. ds.
TS	10 NAME OF FATHER BENJAMIN M. Miller 11 BIRTHPLACE	(Signed) (Duration) yrs mos ds (Signed) GAA, M. D. 7.4, 16, 191 4 (Address) Buseum
PARENT	OF FATHER (State or country) Permay loania 12 MAIDEN NAME OF MOTHER LOS Anna Kaulman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs. 3 mos. ds. State yrs. 3 mos. ds. Where was disease contracted, Randon dr.
	(Interment) Survive Miller Hasan	Former or usual residence M. Somerville 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	106 Feb 17, 191 4 Jan Denth	Pothville, Penna Date of Burial 20 UNDERTAKER Ses. E. French ADDRESS Laurel Med

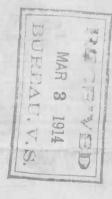
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



8

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RECORD PERMANENT stated EXACTLY. properly classifled. 4 UNFADING INK-THIS IS AGE should carefully supplied. WRITE PLAINLY, WITH

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate,

County

118

14

STATE OF MARYLAND CERTIFICATE OF DEATH

Desistantian	Dies	245
Registration	DIST.	No.

St .:-.Ward)

[It death occurred in a hospital or institution give its NAME Instead ot street and number.]

FULL NAME William	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH 4 COLOR OR RACE MARRIER, Wildows ORDINORCES (Write the word) (Month) (Day (Year)	18 DATE OF DEATH (Month) (I) ay (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1914,
AGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at \$52m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Assignment Secondary (Ouration) yrs 3 mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death?
(Address) Riverdale Mod. 5 Filed Help. 16, 1914 Mrs. Jan. Severe	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

Vrances

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canvalvular heart disease; Chronic interstitial nephritis. childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopnenmonia (secondary), 10 ds. Never report ample: Meastes (disease cansing affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgieal operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inauition," "Maras cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," etc. State canse for death), 29 ds.; For v10-



should state	County Less 1836	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 237
ECORD IYSICIANS	Village or City James Co. (No	St.; Ward) St.; Ward) a hospital or institution, give its NAME institution, give its NAME institution, give its NAME instead of street and number.]
T R	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANEN stated EXACTLY Exact stateme	SEX 4 COLOR OR RACE MARRIED, Arigle Widowed, ORDIVERCED (Write the word) 8 DATE OF BIRTH Am 1897	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1914) (1914)
SUNG INK-THIS IS A supplied. AGE should be smay be properly classified.	(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. 0 ksmin. ? 8 OCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in	that I last saw h dea alive on fact the last saw h dea alive on fact the last saw h dea alive on fact the last stated above, at 2 m, The CAUSE OF DEATH* was as follows: (Duration) 2 yrs. mos. ds.
WRITE PLAINLY, WITH UNFAE B.—Every Item of Information should be carefully a CAUSE OF DEATH in plain terms, so that it important. See instructions on back of certificat	which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Clayborn Mush 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed And Andrews An	Contributory (Secondary) (Beration) yrs mos ds. (Signed) A A CAUSEN AS A CAUSING DEATH, OT, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OT HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place in the ot death yrs. mos ds. State yrs, mos ds. Where was disease contracted, if out at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL 20 UNDERTAKER A DDRESS Aguary Machinery Aguary Machinery A DDRESS A DDRESS A DDRESS
z	Agna, If more blanks are peeded, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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such, if impossible to determine definitely. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914 BUREAU, V.S.

should 10N Is OCCUPATION RECORD PERMANENT UNFADING certifica 10 back See instructions = DEATH OF Important. Every Ite ż

7 AGE

PARENT

15

BOCCUPATION

OF FATHER

OF MOTHER

13 BIRTHPLACE

(State or country) 12 MAIDEN NAME

OF MOTHER (State or country)

1.PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23/

(Dax

...Ward)

If death occurred la a hospital or Institution, give Its NAME Instead of street and number.]

(Year)

m,

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. WIDOWED, Rung (Month) ORDIVORCED (Write the word I HEREBY CERTIFY, That I attended deceased from

(Month) (Day	(Year)	that I last ssw her allve on 191
yrs. 6 mos. 9 ds	1 day,hrs.	and that desth occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

articular kind of work.	
b) General nature of Indusfry, usiness, or establishmenf in thich employed (or employer)	(Duratioo) yrs mos.
(State or country) fal I Prime Ger	Contributory Secondary

10 NAME OF FATHER (Signed) 11 BIRTHPLACE

State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

Af place In the of death _____ yrs. ____ mos. ___ ds. State yrs __

Where was disease contracted. If not af place of death?

Former or usual residence.

ON OF BURIA	L OR RE	MOVAL
9/fashing	rong	20.
20 UNDERTAKER	1.	1

Francis Casch

DATE OF BURIA

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be iudi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASZA Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. N. B.—Every item of information should be carefully su GAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH

1838

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

FULL NAME Welson Pay	St.; Ward) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mule white (Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH ### ### ############################	that I last saw how slive on Jeb 18 , 1914,
7 AGE it LESS than t day,hrs. ORmos. ds. ORmin. ?	The CAUSE OF DEATH* was as follows: Closeles Speinal Mineralia
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manualouse	(Doration) yrs mos /2 ds, Contributory Convularors Secondary
10 NAME OF FATHER OLLOW Days 11 BIRTHPLACE OF FATHER (State or country) 12 Mailen OF MOTHER OF MOTHER 12 MAIDEN 14 MAIDEN 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 17 MOTHER 18 M	(Signed)
OF MOTHER WOULD . Jalbus- 13 BIRTHPLACE OF MOTHER (State or country) Mary and 14 THE ABOVE S TRUE TO THE REST OF MY KNOWLEDGE (Informant) Was Jalbus	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death?
(Address) Oyon Hill M-C	USUAL TOSIGENCE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Leb. 20 M., 191.4 20 UNDERTAKER ADDRESS Thor. A. Murray aracostra AC

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulcated. thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a dcfinite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact muy be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD ENT BINDING FOR SERVE UNFADING MARGIN WITH PLAINLY WRITE

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PHYSICIANS should state of OCCUPATION is very MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Statement 16 DATE OF DEATH S AINGLE. 3 SEX 4 COLOR OR RACE MARRIED, married WIDOWED, Married (Write the word) stated 6 DATE OF BIRTH unknown classified. (Day) (Year) be 7 AGE If LESS than pinous 1 dayhrs. OR ? properly BOCCUPATION AGE (a) Frade, protession, or (b) General nature of industry. supplied. pe business, or establishment in may which employed (or employer) ----certificate. Contributory.... 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 80 terms, in back 11 BIRTHPLACE ARENT OF FATHER pinous (State or country) 0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions Information 0 OR RECENT RESIDENTS) 13 BIRTHPLACE DEATH In At place OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ Where was disease contracted. See If oot at place of death?. of Former or usual residence 0 important. Every It 19 PLACE OF BURIACIOR REMOVAL 15 20 UNDERTAKER m

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:Ward)

It death occurred in a hospital or Institution. give its NAME instead of street and number. I

(Day) I HEREBY CERTIFY, That I attended deceased from Febr. and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State yrs, ____ mos. ___ ds. DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puesperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purepural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion," For VIO-



V. S. No. 1.

	PLACE OF DEATH Unity Lags or City Provided Transport Provided	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 233 St.; Ward) [If death occurred in a hospital or inslitution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Year)
6 D/	ATE OF BIRTH # Jan 31 ,1887	that I last saw have allow on Tuby 9 1914
TAC	\	and that death occurred on the date stated above, at 7-15 P m The CAUSE OF DEATH* was as follows:
(a) par (b) busi whit	CCUPATION Trade, profession, or ficular kind of work. General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
ENTS	10 NAME OF FATHER May cellus Proctor 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 10 of 4 b b agrs , M. D. + 10 by 10, 191 of (Address) Roam Md
PARE	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
	Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
15 File	Jeb 1/ 1914 Emest H. Gamer	Leters Cemetery Heb 11 , 1814.
	If more blanks are needed, address State Regist	

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more recise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the . Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned TEXT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of The nature of the State cause for Never report



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fit death occurred in .Ward) a hospital or institution. RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH 3 SEX. 4 COLOR OR RACE MARRIED. WIOOWEO, A OR OIVORCED HEREBY CERTIFY, That I ettended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, st. 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 20 0 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. DEATH Where was disease contracted If not at place of death?. 0 Former or OF usual residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

MARGIN

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may he stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. "Collapse." "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 de. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BURBAU, V.S.

7. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

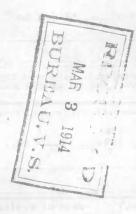
Village or City Market Mo.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 [it death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word) **SEX **GOLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1914) (1914) (1914)
(Month) (Day) (Year)	that I last saw h M alive on Tel 8 1914
TAGE If LESS than 1 day,hrs. ORmin.? B OCCUPATION (a) Frade, prefession, or particular kind of work.	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Manualia (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs ds. Where was disease contracted, li blue li the of death? ds. State yrs ds.
(Address) June Hours Rendered New 186	Former or Usual residence
If more blanks are needed, address State Registran	AD. W. Kawlings Willingham hid

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the diberable Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 do.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ter" is iess definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. of information should CAUSE OF

PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

(No.

WelviREGISTRAR

	ULL NAME	
PERS	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 [HEREBY CERTIFY. That I attended deceased from
DATE OF BIR	Aont Ragut, / (Month) (Day (Year)	that I last saw h 2 alive on A 2 9 1914
7 AGE alou	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12-30 0 m. The CAUSE OF DEATH * was as follows:
e occupation (a) Trada, profess particular kind of	sion, or housework	
(b) Generat netur business, or est which employed (d		(Duration) 7rs 2 mos & ds.
⁹ BIRTHPLACE (State or e		Contributory Secondary (Ouration) yrs mos 4 ds.
10 NAME FATHE	of John Bird	(Signed) A. T. Willie, M. D.
State	PLACE (THER) or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNX; and (2) Whether ACCIDEN-
Z (State	N NAME OTHER Yannie Williams	TAIL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	THER or country)	At piace In the ot death yrs. mos. ds. State yrs. mos. ds. Where wes disease contracted.
(Informant)	Millon & Ruld	If not at place of death?
(Address	Myallrule	Simons Fill My Feb 9 1914
Filed Feb.	7" 1914 Mary las Severe	20 GNDERTAKER / ADDRESS Wash A

If more blanks are needed, address State Registrar, C E. Franklin St., Barto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of agetion is very important, so that the relative healthfulcausing nearm, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a dcfinite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

Cou	1 PLACE OF DEATH 1844	STATE OF MARYLAND CERTIFICATE OF DEATH
000	Hearl To	Registration Dist. No. 243
Vill	age or Gity BOUTU (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Ithite Single, Wideley Office (Write the word)	16 DATE OF DEATH He Assessed 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That i attended deceased from
6 DA	TE OF BIRTH March 29th 1913	February, 1914, to Feb 25th, 1914, that I last saw h 1914 alive on Feb 25th, 1914
7 AG	(Month) (Day (Year) If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at 120 Pm. The CAUSE OF DEATH* was as follows:
(a) par (b) busi	CCUPATION Trade, profession, or ticular kind of work	Scalp V Such Accidental [Journs of Face Mounts [Jeach V Marshan Mos ds.
	(State or country) Dirainia	Contributory Thochessecondary (Duration) yrs mas ds
ENTS	10 NAME OF FATHER John D. Ruff 11 BIRTHPLACE OF FATHER 9	(Signed) H. J. Hinkel., M. D. Feb 29/4, 1914 (Address) Bowie, Med
PAREN	(State or country) brgmed 12 MAIDEN NAME Colle F. Rull	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Dirginia	At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
	Informant)	If not at place of death? Former or usual residence.
16 File	(Address) Bowel Mel. od Felig 27, 1914 Melson A Monora	Caraghs private grounds Deby 2]. 1914 20 UNDERTEKER States The ADORESS Den De Region To de Source Se

If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when nccded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is ver
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH 1845	STATE OF MARYLAND CERTIFICATE OF DEATH
County Luncu Llengts	CERTIFICATE OF DEATH
0 / n.	Registration Dist, No.
Village or City Sottage City (No	Sarrie St.; ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 7 0 28
Wale White Married (Write the word)	(Month) (Day (Year)
	17 HEREBY CERTIFY, That I attended deceased from
Spril 24 1/865	1914, to Feb 7 , 1914.
(Month) (Day (Year)	that I last saw h salive on 191 4
7 AGE If LESS than	and that death occurred on the date stated above, at
48 yrs 10 mas 4 ds 0R min ?	The GAUSE OF DEATH* was as follows:
BOCCUPATION OR MOS. 7. ds. OR Min.?	acuti Carbias
(a) Trade, profession, or	diestion
particular kind of work Muster of Concess Court	
(b) General nature of industry, business, or establishment in Which employed (or employer) Canker & Peal & State	(Duration) yrs. mos. / ds.
9 BIRTHPLACE (State or country)	Gontributory Cas Carry Tellers
10 NAME OF 21	(Duration) yrs mos ds.
FATHER Off M. O. Olyon	(Signed) Hoselow, M. D.
T 11 BIRTHPLACE OF FATHER (State or country)	7 , 191 4 (Address).
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Christiana Wilson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Prence Georgis Co. Md.	At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Goland Pyon	If not at place of death? Former or usual residence.
(Address) Cottage City Mid.	19 PLACE OF SURIAL OF REMOVAL DATE OF BURIAL
16 O ANT O ARRIVE	Washingtond 6. Mell 3, 1914
Filed Man 1914 M. De Pregistran	We will call sold of and
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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valvular heart disease; Chronie interstitial nephrilis, mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 .ds.; affectiou need not be stated unless important. nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marus geuital," "Seuile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Con thenia," "Auaemia" (merely symptomatic), "Atrophy," Broneholmeumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee ou Nomencia-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



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PHYSICIANS RECORD properl AGE ed. pe suppl may certifica that it of back terms, should instructions piai informati Ē DEATH of item 9 Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St:.....Ward) a hospital or institution. give its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE WIDOWEO. (Month) (Day) ORDIVORCEO Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) tf LESS than 7 AGE and that death occurred on the date stated above, at. t day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ... 191 ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. (State or country) State yrs. ___ mcs. Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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PHYSICIANS should state of OCCUPATION IS VERY RECORD ated EXACTLY. PERMANENT AGE should be si properly classified. 4 UNFADING INK-THIS IS AGE supplied. of information should be carefully su DEATH in plain terms, so that it mi See instructions on back of certificate. PLAINLY, WITH item of information WRITE CAUSE OF Important. m ż

PERSONAL

3 SEX

TAGE

PARENTS

15

14 THE ABOVE IS TH

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.;.....Ward)

Ilt death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) DATE OF BIRTH AGE 1886 (Month) TAGE	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Coch 7—1918, to 7 15 1914, that I last saw har alive on 7 16 4 1914, and that death occurred on the date stated above, at 4 2 m.
B yrs mos ds 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) PRIRTHPLACE (State or country.)	Contributory Secondary
10 NAME OF FATHER Thomas MC Knew 11 BIRTHPLACE OF FATHER (State or country) Mande NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHE	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds Where was disease contracted, it not at place of death?
(Interment) Le shelle M.O. Leffer (Address) Legal Strille, and	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL POLISTING THE PROPERTY OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	Francis Gasch Blodensburgand. rar, 6 E. Franklin St., Ballon, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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ratvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (uame origin; "Can-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. ctc., when a definite disease can be ascertaized as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," Never report For Vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration: Dist, No Ilt death occurred in-St:.....Ward) a hospifal or institution, give ifs NAME Instead of sfreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, Marre 6Day OROIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. workhad (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State Where was disease contracted, 14 THE ABOVE MY KNOWLEDGE If nof at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT -Every item of information should be carefully supplied. AGE should be signed CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. UNFADING INK-THIS WRITE PLAINLY, WITH

Co	PLACE OF DEATH 1849	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil	Pour City Downe (No. 2) Pull NAME Elvina Suit	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Ru Color or race 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH J.
D	ATE OF BIRTH RUL 9, 1852 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914, that I last saw here alive on 1914
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12 15 Q m, The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	OCCUPATION) Trade, profession, or riticular kind of work General nature of industry, siness, or establishment in left employed (or employer) IRTHPLACE (State or country) A. A. Co. Mel	(Duration) yrs mos ds. Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
4 1	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
5 Fil	(Address) Uffice Mareboro ed Frby 9, 191 # Nelson Akyon mo	19 PLACE OF BURIAL OR REMOVAL APPLICATION OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations galufully employed, as At school or At home. Care additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, Irrespective of age. tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or Intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



V. S. No. 1.

Village or City DY Strill (No. 1) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 19	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City for a tolluno. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS BEX ACOLOR OR RACE A	County County	
3 SEX	Benico &	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
B DATE OF BIRTH OMONIA) (Day (Year) (Wonth) (Day (Year) IT I HEREBY CERTIFY, That I attended deceased from 191 to 191	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Soccupation 191 19	MARRIED, WIODWED	(Month) (Day (Year)
TAGE (Month) (Day (Year) (Month) (Day (Year) (It LESS than all that death occurred on the date stated above, at	8 DATE OF BIRTH	
and that death occurred on the date stated above, at m. and that death occurred on the date stated above, at m. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MANAME OF ATHER ATHER AND THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGEE (Informant) 13 BIRTHPLACE (State or country) MAIDEN NAME OF MOTHER (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGEE (Informant) (Informa		
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PRINTHPLACE OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Agdress) (Agdre	⁷ AGE If LESS than	and that death occurred on the date stated above, atm,
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 11 BIRTHPLACE OF AATHER CSTATHER CSTATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (Informant) (Rate or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Address) (Add	7 / 4	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER OF MOTHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Address) 15 Address) 16 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE	(a) Trade, profession, or child tuffeet	misteriown supposed
Secondary Secondary Secon	business, or establishment in	Toba Browelil (Oviation) yrs mos ds.
Signed Control Country Control	9 BIRTHPLACE (State or country) Maryland	Secondary
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Informant) (Address) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death	FATHER James He Sheuson	With 11 to for a line self
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Informant) (Address) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death	11 BIRTHPLACE OFFATHER State or country	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Informant) (Address) (Address) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL	of Mother Mariba Alakeus	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
(Informant). Services Control of Mark Now Leader of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL See Sont Com Forestrille and Lebi 20, 1914	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
(Address) INTESTITUDE ON A SUBJECT OF BURIAL OR REMOVAL DATE OF BURIAL Jack Sons Cem Forestrille and Lebe 20, 1914	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
16 Jack Sons Cem Forestrille and Febr 20, 1914	(informant)	,
	(Address) FOVER TOURD OFFICE	
	16 tel	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

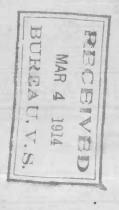
REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carein-

genital," mus." "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Causepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichac cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," 'Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," (Recommendations on statement of etc.), or Homicidal, or as probably "Dropsy," "Exhaustion," Never report



Every item CAUSE OF Important.

1.

No. 1.

20

PLACE OF DEATH 1851 County Printer George Village or City Sealrook

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23/

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME SUP SUMMING	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mile (Write the word)	16 DATE OF DEATH Jel 21 , 1914 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last ssw h alive on, 191,
TAGE If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 6548 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work and Shown	Struck by a Irain on the P
(b) General nature of Industry, business, or *establishmenf in which employed (or employer)	(Durafloo) yrs, mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER MAN Sugar	(Signed) Bugustus HD obler JP, MD.
11 BIRTHPLACE OF FATHER (State or country) Mod Shavow	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER UST Sauce	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) not Shusur	Af place in the cf death yrs mos ds. State yrs mos ds
(Informant) C. Flynn (Engineer)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) P. B. J. D. R. Balto.	Dealers Ling Md. PATE OF BURIAL Feb. 27 1914
Filed Flat 27, 1914 M. D. Sfucer REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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No.

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PHYSICIANS should state of OCCURATION is very statement classified. properly supplied. may carefully o that It should in plain Information of inform DEATH

RECORD PERMANENT 4 15 THIS UNFADING INK certificate. 0 0 WITH terms. 0 See instructions WRITE Every item CAUSE OF important. S ż

STATE OF MARYLAND 1 PLAGE OF DEATH CERTIFICATE OF DEATH

St.;

MARRIED, WIDOWED,

(Write the word)

(Dav

(Year)

If LESS than

t day. hrs.

OR 7

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(b) General nature of industry, business, or establishment in

which employed (or employer)

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country

7 AGE

PARENTS

15

Registration Dist. No

Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead

of street and number.]

MEDICAL	CERTIFICATE OF DEATH	
16 DATE OF DEATH	Feb (16") 18th	1914
######################################	(Month) (Day	(Year)
17 I HEREB	Y CERTIFY, That I attended dec	eased from
Feb 2	1914, to Feb 16	1914
that I last saw h. O a	1914, to Feb 16 Altre on 4eb 15	,1914
	on the date stated above, at 12	
The CAUSE OF DEATH	was as follows:	
Lulmen	7 Morrelisis	00000000000000000000000000000000000000
	(Duration) 2 yrs m	40
**************************************	(Duration)	10505.
Secondary	77.8.**********************************	
	(Ouration) yrs n	nosds.
(Signed) Oha	A Ichaefer.	. M. O.
Feb-17, 1914	(Address) Land 9	111
*State the DISEASE	CAUSING DEATH, or, In deaths fro	om Violent

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

of death yrs. mos. ... ds. State yrs mos. ... Where was disease contracted.

If not at place of death? Former or

19 PLACE OF BURIAL OR REMOVAL

20 UNDESTAKER

If more blanks are needed, address State Registrar, 6 D. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS. IS WRITE PLAINLY, WITH

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	2	4	Z
		4.00	-		-

VIIIage or City Cofo. to Highwolld.	St.; Ward) [If death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale COLOR OR RACE SINGLE, MARRIED, Wishoward, ORDINORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended decessed from
TAGE DATE OF BIRTH (Month) (Day (Year) TAGE	that I last sew him allve on Froy 15 1914
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atsted above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment io which employed (or employer)	(Duration) yrs mos (eds.
9 BIRTHPLACE (State or country) Cabin Stript Wol. 10 NAME OF FATHER Superior Control of Cont	Contributory Secondary (Deration) yrs mos ds. (Signed) N. D. (Address) Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of deathyrsmosds.
(Intermed) (Intermed) (Intermed)	Where was disease contracted, If not at place of death?————————————————————————————————————
Filed feb / 6 - 1914 John E. Was Socil	Branchery Feb. 18, 1917 20 UNDERTAKER RMPerry + loo 33 HSh. W. W.
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Wad. N. E.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinossis of lungs, meninges, peritonaeum, etc.,

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (secondary or intercurrent)



V. S. No. 1.

N.B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pizin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 1854

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 230

St.;....Ward)

[If death occurred to a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Whitead

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid yneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma. etc., of..... (uame origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," (Recommendations on statement of etc.), "Dropsy," "Exhaustiou,"



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUEATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

St.; ..Ward)

[If death occurred in a hospiiai or institution. give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH Jefmany 4, 914 (Month) (Day (Year)	that I last saw h alive on , 191 , 191
7 AGE If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Ouly house in alterdance ho Represer (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Pince Georges 60 Ind	Contributory Secondary (Dyation) yrs mos ds. (Signed) Roms Amilh Focal Regular, M.D.
11 BIRTHPLACE OF FATHER (State or country) # A Community mg. 12 MAIDEN NAME OF MOTHER #	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER # (State or country) Charles Co. Mod. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Altre Sulson	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 7 191 # Constants	rear Leeland Feb 7, 191 4 20 UNDERTAKER Daniel Halker # Hallo Ind
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write Wone, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1

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PLACE OF DEATH County Trince Leonge Village or City Poretibers (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 233 [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MIDWED, ORDIVORCED (Write the wordingle Date of BIRTH July 26,1913.	18 DATE OF DEATH Teby 28, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 , 19
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 2 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Genoral nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER Frehur Young 11 BIRTHPLACE (State or country) 12 MAIDEN NAME	(Signed) (Deration) yrs mos ds. (Signed) (Signe
of Mother Mary Dutter 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Learge F. Butter	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Dorethbeys, Ind 15 Filed Feb 28 1914 Smest N. Harner Areal RECISTRAR 11 more blanks are needed, address State Begis tra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL near nottingham and Fieb 28, 1914 20 UNDERTAKER ADDRESS Geremiah Dweeney Northbeys and

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEPPEBAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association. "Contributory." dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronk ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci--Kart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-

